

Strachur Medical Practice Patient Participation Group

Minutes of Meeting held on 28 August 2018

at 13.30 in the Surgery

- 1. Present:** Heather Grier, Ian Asher, Margaret Asher, Isobel McGladdery, Sheila Wilson and Margaret Palmer-Brown.

Dr R Coull (Principal), Dr A McBeth (Associate) and Anne MacLachlan (Practice Manager)

- 2. Apologies:** None received

Ian took the Chair.

Topic	Action
<p>3. <u>Minutes of the last meeting:</u></p> <p>Minutes of the meeting of the 13 February were read and approved: Proposed: Isobel McGladdery: Seconded: Anne MacLachlan</p> <p>4. Matters arising (not in the main agenda) and brought forward:</p> <p>No matters arising.</p> <p>5. <u>Strachur HUB: (a) Treasurer's Report</u></p> <p>The current financial position is £1615 in the current account. He advised he had submitted the invoice for the following 6 months but there is likely a delay as Jayne Lawrence Winch, Local Area Manager of the HSCP currently on annual leave until next week. The most recent ICF report from the Hub to the Locality has been submitted.</p> <p>Donations fund currently standing at £6101.</p> <p>He advised that he and Heather had recently made presentations about the Hub to the Area Community Planning Group in Dunoon and to the Health and Wellbeing Group of the Health and Social Care Partnership (HSCP). He felt that whilst it was beneficial as a PR exercise he questioned what these groups could do to influence thinking both at the Local Authority and the HSCP. However, there was also an invite coming from the Council to give a presentation to the Area Committee Planning Group, an arm of the local authority which may have a more appropriate audience regarding influencing the direction of travel linking to well-being, and in particular social isolation.</p> <p>It was certainly clear that the Hub concept and how it is working has been spread throughout Argyll and Bute with some areas quite envious of its success. Ian felt that with such a success, it would be difficult to stop our funding. Heather said that in every ICF quarterly report since we asked the question of 'where does the Hub fit into the locality plan' and it has</p>	

failed to be answered. The question of an exit strategy has also been on the agenda from the start. However, it is her view that the first question needs an answer first before wasting time looking at something that may not be required.

(b) and (c) On looking at other funding there was a proposal put forward to split the HUB and the PPG. Heather distributed suggested constitutions for both. Ian explained it would be better for the HUB to stand alone when looking for funding although we do have an affiliation with the Development Company which is needed regarding the community bus. However, for other projects and funders, a HUB with a charitable status would be much more beneficial and within the control of the HUB. PPG members were asked to review the document and return their views by the end of next week ie 7th September.

ALL

(d) Ian advised the Roadshow on the 30th June had been a great success and very well attended. Michael Russell, MSP and three Councillors, Alan Reid, Audrey Forrest and Jim Anderson also attended. Invites had been sent to Brendan O'Hara, Yvonne McNeilly and Gordon Blair but none of them responded. Heather reported other invites had also been sent out with most sending apologies and one saying they would come another time. She was Dr Gaenor Rodger, non exc director of NHS Highland and she visited two weeks ago.

6) HSCP/Integration

Heather gave an update on Struan Lodge from the last meeting. She advised that a paper was brought to the May meeting of the IJB by Jim Littlejohn, the then interim head of service east.

A short life working group which also included Max Barr of the Struan Lodge Development Group had review the position and had concluded:

- a) Continuing pressures to provide levels of residential and nursing care home across the Cowal and Bute area.
- b) The needs of patients were becoming more complex and there were clear indications nursing home placements were an issue
- c) Working with the Care Inspectorate the HSCP should be looking at developing Struan Lodge as a single status facility which would be registered as a residential and nursing care facility
- d) The development of the Cowal Campus as suggested by Max and his group should be considered further
- e) The IJB approved the removal of the closure of Struan Lodge from the Quality and Finance Plan.

Heather reported that the Chief Financial Officer (CFO) had resigned from her post and left on the 14th July – only required to give 4 weeks' notice – and there is an interim person in post just now.

Also reported was that the Chief Officer has also resigned, and she leaves in September. Interviews for her replacement are taking place early in September and that the non- paid reps on the IJB have been invited to be part of the selection process. Heather felt that could be more open and transparent.

<p>Heather felt that the adverse publicity surrounding the IJB had not been helpful for members of the public.</p> <p>Heather reported that there was much happening within the IJB and she would give a fuller report at the next meeting as with the loss of the CFO, it gives the interim CFO time to bed in. There are two systems working in the IJB and they are incompatible.</p> <p>7.GP Contract.</p> <p>Heather reported that the new GP contract had been discussed at the IJB and there were concerns being raised about how the contract can be made workable for rural practices. Robbie felt that anything above the central belt bar Inverness and Aberdeen would struggle on the suggested new model and that could become a 'barren wilderness' regarding local GP services. Heather reported the contract and how HSCP saw it working had been raised at the IJB and would be monitored. Heather to check what information there is available.</p> <p>8) Out of Hours Review - Cowal Heather gave a report of the meeting of the 10 July 2018. Some options had been out on the table by Dr Tittmar and it was agreed by the OOH group this was a good starting point.</p> <p>However, on reviewing with the Scottish Ambulance Service (SAS) the likelihood of having adequate nos. of trained Advanced Paramedic Practitioners (APP) and the Senior Nurse Manager regarding Advanced Nurse Practitioners (ANP) that having models of only ANP's and APP's may not be possible due to issues with recruitment and training times.</p> <p>Discussion had taken place on home visits and whether they should stop. At the group the Skye model had been discussed and following a review at Skye home visits will be built back into their model. Therefore, it is unlikely we could operate a no home visit model.</p> <p>Dr McBeth commented that a lot of home visits are for palliative care. Heather to enquire re our data re palliative care visits. Margaret Palmer- Brown said if she wants a doctor to come then it is a doctor she will expect to see.</p> <p>Dr McBeth advised that that in Glasgow they had trialled ANPs visiting patients at home but the nurses lacked the confidence and it was not so enthusiastically supported. She also felt that only bed bound patients with complex needs should receive home visits.</p> <p>Heather mentioned costs to train ANP and APP's. She had requested a costing from each and this would be available for the next OOH's meeting.</p> <p>9. Blue Light/SAS update and Emergency call-outs.</p> <p>Dr Coull advised from hardly being called out at all as a BASIC's responder he is now inundated!</p>	<p>Heather</p> <p>Heather</p> <p>Heather</p> <p>Heather</p> <p>Heather</p>
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Discussion took place on the call outs and it was agreed that the area of operation for call outs should be restricted as this can and does impact on patient service delivery at the practice. It was apparent that the SAS cannot cope with the demand and that calling out a BASICs doctor would appear to be masking an issue of manpower within the SAS. Inveraray recently had one paramedic down and for an incident in Ardlui the nearest crew was Oban.

Dr Coull explained about the new Green, Amber, and Red call out indicators running at the SAS control centre which will task the responders accordingly re timings and seriousness.

Dr Coull advised there is a BASICs conference taking place in 2 weeks' time. Dr Richard Price had also visited him to discuss the use of GPS radio for call outs to locate him as other equipment not suitable for this area. There is also an issue of distances where 'crow fly' distances bear no resemblance to actual driving distances in Argyll and Bute.

Dr McBeth is undertaking a BASICs course in October and likely Sylvia will attend as an observer.

The question of blue lights was discussed, and Dr Coull confirmed he can only use these if tasked to attend by SAS.

Heather asked about Duty of Care regarding such emergency calls. Dr Coull provided clauses from the GP contract (after the meeting closed) which clearly states that a contractor (ie GP) must provide 'emergency' treatment whether it relates to services provided under the contract. In other words, if he is called out to an emergency as tasked by an emergency responder service such as SAS he has a duty to respond.

Heather advised that the three incidents which have been reported by her to SAS re accidents and one of which she assisted, have not been dealt with satisfactorily by the SAS. She would be chasing up responses as she felt the delays in replying were unacceptably long.

Heather

10. NHS 24

Anne gave an update.

NHS 24 run other areas such as NHS Reform and Breathing Spaces as well as the OOH service. She advised that NHS24 is looking at a national directory for Scotland which would sign post services. They are going the trial in November with a role out anticipated Feb/March 2019. A better name than national directory was being sought.

Anne advised there is an 8% increase in demand at NHS24.

Anne reported on NHS 24 complaints. She advised that Stage 1 complaints were less, but Stage 2 had increased from 52 to 72. That equates to a 38% increase. The Patient Participation Forum now has two people on the complaints board.

Heather advise that during an OOH meeting Dr Tittmar had stated that the NHS24 triaging system was not working. The NHS 24 representative at that meeting seemed very surprised as no one had complained. Dr Tittmar had advised that all the rural GPs do their own triaging here as there is a lack of confidence in NHS24.

Dr McBeth said the Cardonald centre was very close to her OOH place of work and she can pick up some information.

She expressed her concern that the non -medical call handlers deal with initial responses. She can see if hands go up for further advice for clinical staff but advised only 1 nurse on duty in the centre. She did not think the nurses employed had been on the front line for some time. She advised there is only 1 doctor on duty in Scotland for OOH and getting to speak to him/her is difficult.

Dr McBeth felt that NHS24 is in her professional view not the ideal way to deal with patients OOH.

An NHS24 manager who was involved in the last OOH review would be interested to come and speak to us and could come with the SAS. He advised Anne he did not know there was another OOH review going in here. Seems poor communication between Aberdeen and Glasgow.

Anne

11. Complaints

Complaint 1: Issue the closure of clinics in Cowal Community Hospital: This is out-with the control off NHS Highland. However, Heather agreed to write to head of planning and performance at the HSCP to ask for comparative figures of clinics now and 6 months ago and to ask for us to be notified if clinics are ceasing locally. Regarding this complain it may have been the patient's problems could not have been dealt with by Dunoon.

Heather

Margaret Palmer – Brown feels that the health board are wanting to close Dunoon hospital. Heather said she did not agree.

Complaint 2: There were various issues raised by the patient and Dr Coull advised he had responded back to Ian who had passed on the reply as original letter had been sent to him.

Complaint 3: An issue from a patient who had come across a local person collapsed in the road, and this was a Thursday afternoon. The complaint related to the surgery being closed. A phone call had been made to the surgery, but the person did not leave their contact number for Dr Coull, who was on call, so was unable to call them back. The messaging on what to do is clear on the telephone answering machine. NHS24 were then called and they advised they only deal with calls after 6.00pm. The timing of this incident around 4.30pm. It seems that the complainant did not want to call 999. The decision was taken the person should be taken to Dunoon, where he was kept in for observation and then got home.

The complaint has been sent to NHS Highland and a response is awaited.

On a point of clarity, Kilmun, Tighnabruaich and Strachur all have a half day. Lochgoilhead works shorter hours every day.

In conclusion both Dr Coull and Dr McBeth said they and other staff were upset regarding the complaints. Dr McBeth gave an example of GP surgery where she is registered has a half day and there is no message left on an answerphone to whom patients should contact. It is not sorted out till the following day. Even getting an emergency appointment is very difficult and often not for the same day. She also advised that there are waiting lists of 2/3 weeks at some practices.

Heather felt that patient expectations need managed and clear information given out on procedures when the surgery is closed. Agreed Drs would write something for the next local news -letter.

Drs

A discussion took place on an incident that involved the police having to knock down a door and surgery staff attended. In this case a dealt of 3 hours before an ambulance could get there. The observations about the capability of the SAS to cover everything in Argyll and Bute became clear. It is not coping. Ambulances from as far as Oban and Lochgilphead coming to Cowal and vice versa.

Heather asked if Dr McBeth felt that patients were not calling NHS24 or anyone else at the weekend if they were ill but waiting until Monday morning surgery. Dr McBeth agreed. Heather asked if some data could be provided over a period to ascertain numbers and this does impact on the OOH review also. Dr McBeth felt that patients could be risking their lives by not phoning NHS24 when they are ill.

Drs

12. Bloods

Heather advised she had received a number of complaints re lost or unusable blood samples and that patients were being recalled up to 3 times before the issue is sorted.

Heather felt that using post was not acceptable nor was it possible for patients to take samples to Dunoon for 1.00pm. Mention was made that some patients could suffer a potassium deficiency if blood samples are delayed. It was agreed that Heather raise this issue with the Head of Service east.

Heather

13. Appointments/Waiting times/Clinical Psychology waiting Times

Dr's McBeth and Coull reported on an increase in temporary patients which impacts on our own patient appointments. There have also been new patients joining but their records are not always complete and so time is being taken up completing summary information of past records. It appears some may not have received the correct level of care previously

and that too is time consuming as often they appear for an appointment with a list of issues that all need to be addressed or followed up.

Discussion took place on waiting times. Letters had been sent out regarding mental health appointments after patients referred who had already waited 22 months for an appointment were then asked did they still need one. It was reported that NHS Highland has the longest waiting lists in Scotland re mental health and clinical psychology has a 9- month back log.

Margaret Palmer-Brown gave an example of a patient who saw a professional, who asked how they were, the patient said fine and was literally discharged and not seen again. She did not think this was acceptable.

Part of the issue regarding waiting lists is the Scottish government's target of 2 week for cancer referrals to be seen. This is having an impact on other patient waiting times and they are increasing.

Another example is sexual health where many of the Sandyford centres who deal with this have closed or are closing due to finances and staff shortages.

14. Rural Fellowship

Heather asked about this and if it was possible for this to happen in Strachur. Dr Coull explained this was started in Tighnabruaich by Dr McGregor who set it up and obtained the funding. The doctor works half time in CCH and half time at the practice.

Heather made mention of the two trainee doctors. She thought they had been most helpful and had undertaken a review of falls and another for prescribing. They had proposed a future open meeting for patients to be held.

15. AOCB

Heather suggested we need some new members for the participation group and for the Hub. We should put into the newsletter. That was agreed .

Dr McBeth also asked us to confirm she is not leaving as per rumours.

Alison McCrossan Scottish Health Council has invited Ian and Heather to a meeting in Oban on PPG's.

Date, Time & Venue of the Next Meeting in the Surgery- October 2nd at 13.00 at the Surgery.

Ian

Ian

Heather
and Ian

DRAFT